

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Michael R. Pence**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

## Plumbing Apprenticeship Program Renewal Form

To renew, please print and complete this form in its entirety and mail it to the office address shown on the top left corner.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee No Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

### INFORMATION

**If your curriculum has changed or been updated since last renewal – please attach a copy of your new curriculum.**

### LICENSEE AFFIRMATION

By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Authority	Date (month, day, year)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Indiana Plumbing Commission please email [pla14@pla.in.gov](mailto:pla14@pla.in.gov) or call 317-234-8800.

### FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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